

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/	/					52						
3	/	/					53						
4	/	/					54						
5	/	/					55						
6	/	/					56						
7	/	/					57						
8	/	/					58						
9	/	/					59						
10	/	/					60						
11	/	/					61						
12	/	/					62						
13	/	/					63						
14	/	/					64						
15	/	/					65						
16	/	/					66						
17	/	/					67						
18	/	/					68						
19	/	/					69						
20	/	/					70						
21	/	/					71						
22	/	/					72						
23	/	/					73						
24	/	/					74						
25	/	/					75						
26	/	/					76						
27	/	/					77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓	↓	↓	↓	↓	TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	22	↓	↓	↓	↓	↓	TOTAL DEP.	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	27	↓	↓	↓	↓	↓	TOTAL CLAIMS	↓	↓	↓	↓	↓	↓